



# Incident Report

**Print Date/Time:** 02/02/2016 09:04  
**Login ID:** ss0139

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2016-00001367

**Incident Date/Time:** 1/22/2016 5:23:00 PM  
**Location:** SR 9 NE / MARKET PL  
LAKE STEVENS WA 98258  
**Phone Number:** (425) 330-4483  
**Report Required:** No  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 3  
**Status:** 3  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19D3	SS0135-Parnell

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	STUCKEY, BRYAN		(425) 330-4483			

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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## Disposition(s)

Disposition	Count
R	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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**01/22/2016 : 17:26:04 SP0153 Narrative: LR153**

**01/22/2016 : 17:25:57 SP0153 Narrative: SO INTERSECT & SO TARGET**

**01/22/2016 : 17:25:46 SP0153 Narrative: AC, 2 VEHS, BLK BUICK LECROSS & WHI MAZDA PROTEGE, BOTH PULLED  
OVER NB LANES, NONINJ**



# Quick Property Receipt

Print Date/Time: 01/23/2016 09:03

Login ID: ss0135

Entry Date/Time Officer Case Number Property Code(s)

01/23/2016 09:00 SS0135 - Parnell 2016-00001367 Evidence

Property Type Description

Photographs Photo CD

Facility

Temp Locker

Location/Other

Temp Locker-PD

Tag/Item Number

2016-00001367/1

Lake Stevens Police Department  
ORI Number: WA0311900

Submitted By

Kend #135

Date

01-23-16

Property Officer

W. White #8899

Date

1/27/16

STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT

1591971

REPORT NO. **E509336**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	16-1367
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	02	OBJECT STRUCK	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	01	-	22	-	2016			1723	31						0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
SR 9 SE	BLOCK NO. <input checked="" type="checkbox"/>	100
	MILE POST	

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)
			S	W	MARKET PL

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253304483
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LAST NAME	STUCKY	FIRST NAME	BRYAN	MIDDLE INITIAL	J
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STREET NEW ADDRESS	14729 47TH AVE NE
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CITY	MARYSVILLE	ST	WA	ZIP	982716176
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CDL	RESTRICTIONS	B	ENDORSEMENTS	
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DRIVER'S LICENSE #	STUCKBJ141JQ	STATE	WA	SEX	M	D.O.B. MMDDYYYY	04	-	18	-	1986
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AOS3934	STATE	WA	VIN#	1G4GA5GR6EF178153
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2014	MAKE	BUIC	MODEL	LACRO	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. SCI AND CEMETERY 666 GARLAND PL DES PLAINES IL 60016

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	OLD REPUBLIC MWTB301255
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 2062254861
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LAST NAME	BELL	FIRST NAME	SASHA	MIDDLE INITIAL	D
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STREET NEW ADDRESS	21911 SE 239TH ST
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CITY	MAPLE VALLEY	ST	WA	ZIP	980388574
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CDL	RESTRICTIONS	ENDORSEMENTS	
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DRIVER'S LICENSE #	BELL*SD066L0	STATE	WA	SEX	F	D.O.B. MMDDYYYY	06	-	20	-	1994
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AOF1568	STATE	WA	VIN#	JM1BJ226610423458
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2001	MAKE	MAZD	MODEL	PROES2A	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. SASHA BELL 21911 SE 239TH ST MAPLE VALLEY WA 98038

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	FARMERS 185973823
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VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	K. PARNELL	BADGE OR ID #	0135	AGENCY	WA0311900
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**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E509336**CASE # **16-1367**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>MORRIS SIERRA C</b>																
ADDRESS & PHONE # <b>9515 180TH ST SE SNOHOMISH WA 982968056</b>										SEX <b>F</b>	D.O.B. MMDDYYYY <b>07</b>	-	<b>30</b>	-	<b>1991</b>			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>3</b>	AIRBAG	<b>2</b>	RESTR.	<b>9</b>	EJECT	<b>1</b>	HELMET USE	<b>2</b>	INJURY CLASS	<b>1</b>	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

**NARRATIVE**

Veh. 2 was stopped in a line of NB traffic waiting at red light. Veh. 1 was NB on SR 9 behind veh. 2. Driver stated he was not paying attention to traffic. Front driver's side of veh. 1 impacted rear passenger side of veh. 2. Damage to both vehicles at points of impact.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

<b>K. PARNELL</b>		<b>01-23-16 09:30 AM</b>	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	DATE
APPROVED BY <b>ROBERT MINER 0095</b>		PLACE SIGNED <b>1/26/2016 5:09:43 AM</b>	
BADGE OR ID #	<b>0135</b>	ORI #	<b>WA0311900</b>
TIME POLICE DISPATCHED		TIME POLICE ARRIVED	
<b>5:25 PM</b>		<b>5:36 PM</b>	

REPORT NO. E509336

CASE # 16-1367

DATE AND TIME  
OF COLLISION 01/22/16 17:23

